CLASS I HAZARDOUS WASTE INJECTION WELL REPERMIT APPLICATION FOR SUBSURFACE DISPOSAL OF HAZARDOUS INDUSTRIAL LIQUID WASTE

Submit to:
Kansas Department of Health
& Environment (KDHE)
Bureau of Water – Geology Section
1000 SW Jackson St., Suite 420
Topeka, Kansas 66612-1367

Date of Application: _____
KDHE UIC Permit No.:_____

Well (s)#_____

Legal Description: _____1/4 _____1/4 _____1/4
_____ Sec. _____, T _____ S, R _____ (E) (W)
_____ feet from south line of SE/4
_____ feet from east line of SE/4

Owner's Name, Telephone Number,
Mailing and E-Mail Addresses:

_____
_____
_____
_____
_____

County: _____

G.P.S. Coordinates:
Latitude:_____ Longitude: _____

Operator's Name, Telephone Number,
Mailing and E-Mail Addresses:

_____
_____
_____
_____
_____

Located on Indian lands: Yes____ No____

Facility Name, Telephone Number, Mailing
and E-Mail and Address:

_____
_____
_____
_____

Contact Person's Name and Mailing
Address:

_____
_____
_____

Contact Person's Information:

Phone: _____
Fax: _____
E-mail:_____

In conformity with the provisions of K.S.A. 65-171d, the undersigned, representing

_____

(Name of company, corporation, partnership, or person, or government or other public agency applying)

hereby makes application to KDHE for a permit to dispose of hazardous liquid wastes into the subsurface by means of a disposal well.

1. Describe in detail the sources of the waste(s) directed to this well. Provide an updated waste flow diagram depicting the point of generation of each individual wastestream and the relationship to the disposal well. Include all waste sources (drain lines, floor drains, pipelines, traps, tanks, etc.) And the estimated volume of waste produced by each source.

2. Provide the following:

    1. If a well(s) penetrating the confining zone or injection zone has been constructed, plugged and abandoned, abandoned or inactive within the one-mile radius area of review (AOR), since the last AOR was conducted, provide an updated map showing the well to be permitted, all other wells penetrating the confining zone or the injection zone, all oil or gas producing wells, all injection wells, abondoned wells, inactive wells, dry holes, core holes, surface water bodies, salt solution mining wells, hydrocarbon storage wells, springs, mines, quarries, water wells, monitoring wells, faults and other pertinent surface features. The map must be clear and readable with the one-mile radius AOR drawn on the map. Provide an updated tabulation of data on all wells pentrating the confining zone or the injection zone within the AOR that were constructed , plugged and abandoned, abandoned or inactive since the last AOR was conducted including the current status, type, construction, date of drilling, location, depth and plugging or completion data. Key the wells to the map. Copies of plugging records for wells penetrating the injection zone and/or the confining zone shall be provided if not previously submitted. A schematic indicating the current configuration of all wells penetrating the confining zone or injection zone, constructed, plugged and abandoned, abandoned or inactive since the last AOR was conducted shall be submitted on the attached Artificial Penetration Review form. Provide proposed corrective measures required for wells in the AOR, if any.

    2. Describe the protocol used to identify, locate and ascertain the condition of new or additional wells discovered within the AOR. At a minimum, the records of the Kansas Department of Health and Environment, Kansas Geological Society, Kansas Geological Survey and the Kansas Corporation Commission shall be reviewed.

3. Injection Zone:

Formation(s) Name	Depth of Top	Depth of Base

Injection Interval:

Perforation/Openhole _____ to _____, _____ to _____ to _____

Confining Zone:

Formation(s) Name	Depth of Top	Depth of Base

4. Well Completion:

Provide updated borehole, casing, tubing, packer and cement information.

Borehole Size	Casing/ Tubing size	Material	Weight (lbs/ft)	Casing Seat Depth	Joint Lengths	Type Cement & additives	Amount Cement (Sacks)	Cemented Interval From To

Packer Grade and Type _____ Packer Setting Depth

5. Liquid waste is injected at a maximum rate of _____ gallons/day. If this rate exceeds the maximum allowed by the permit, provide justification utilizing the attached procedure for requesting a daily injection volume increase.

6. Maximum injection pressure is: _____.

7. Provide an updated schematic depicting the well, completion at the surface and subsurface, including all monitoring devices.

8. Provide copies of any logs or test not previously submitted to KDHE.

9. Provide an updated plugging plan for the well. The plan shall be developed utilizing the attached KDHE procedure document for plugging. Provide three cost estimates for the plugging procedure plan. KDHE will compare this information to the financial assurance documents to insure the financial assurance is adequate.

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information. K.A.R. 28-46-22 requires this certification and that this application be signed by an executive officer of a level of at least Vice-President or other authorized signatory as described at the Code of Federal Regulations 40 CFR 144.32 in effect on April 1, 1993.

_____

Printed Name of Authorized Signatory

_____

Signature of Authorized Signatory Company Title

Revised 6/05

c:/cochran/repermit CI hazard injection well

ARTIFICIAL PENETRATION REVIEW

Control # _____

Operator _____

Lease _____

Well # _____

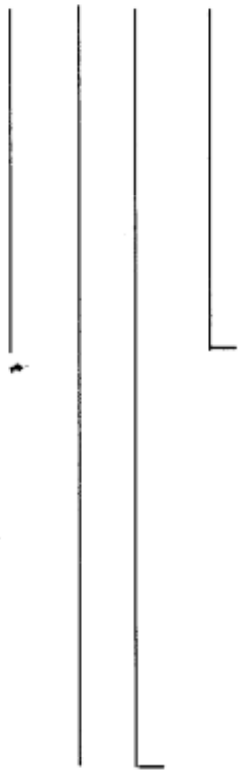
Status _____

Distance from Injector

_____

Location _____

WELL DIAGRAM



POTENTIAL PROBLEM: _____

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